INDIVIDUAL DEATH CLAIM FORM

For Official Use Only
Branch Name: Branch Code:
Interaction ID:
Employee Name:
Employee Code: Sign:

Date: D D M M Y Y
Time: ☐ On or Before 3PM ☐ After 3 PM

HDFC Life
Sar utha ke jiyo!

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim form will help you file your claim with ease. Please submit this form duly filled and signed with appropriate documents and follow the instructions below to help us settle your claim at the earliest.

IMPORTANT INFORMATION

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form.
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
3. In case of more than one claimant, separate forms need to be filled for each claimant.
4. Please read the declarations carefully and sign the claim form in the same manner as you normally sign your cheque.
5. The Claimant should sign in all pages of this Claim form.
6. Claim is payable subject to fulfillment of all terms and conditions of the policy.
7. No fee or commission should be paid to anyone to process this claim.
8. Asterisk (*) refers to mandatory information.

Pension claim- Section A,B,E mandatory to fill; Death claim (Non- accidental) - Section A,B,C,E;
Death claim (Accidental) - All sections are mandatory for filling.

IMPORTANT GUIDELINES TO FILL THE FORM

All fields in the claim form should be filled by theclaimant in BLOCK letters.

Section A: ***Details of Claimant and NEFT Mandate***
- Policy Numbers and letters should be unambiguous and legible.
- Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only.
- Please fill the NEFT Form completely and enclose a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.

Section B: ***Details of Life Assured***
- Wherever you choose the option "Others", kindly specify the details in the given space.
- Provide supporting documents as and when requested.

Section C: ***Hospitalisation details of Life Assured***
- For all medical reports, documents and certification issued by the attending physician, please ensure that he/she is qualified to provide such document /certification according to Indian Laws.
- Concealment of other insurance policies of Life Assured might lead to invalidation of the claim.

Section D: ***Details of death due to Accident/Murder/Suicide***
- Provide detailed account of the accident.
- Enclose/Attach PMR and FIR, otherwise clearly state the reason why it is not available or provided.

Section E: ***Declaration and Authorisation***
- Provide signature and contact details in the designated place.

Keep the Acknowledgment slip handy and produce it whenever the representatives of HDFC Life ask for it.

List of valid Identity & Address Proofs (Please tick the document submitted)

Photo Identify Proof (any one)	Address proof (any one)
☐ PAN Card ☐ Valid Passport ☐ Voter ID Card	☐ Valid Passport
☐ Aadhar Card* ☐ Valid Driving License	☐ Voter ID Card
☐ Bank Passbook with stamped photograph (not more than 6 months old)	☐ Aadhar Card*
☐ ID Card Issued by Central/State Govt. to employees	☐ Valid Driving License
☐ Any other Central/State Govt. issued ID	☐ Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by HDFC Life

DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS	ADDITIONAL DOCUMENTS
Original policy document (Not necessary in case of dematerialised policy document)	**HOSPITALISATION/ DEATH DUE TO ILLNESS**
Copy of death certificate issued by local authority	Copy of Medical cause of death Certificate
Claimant's PAN details	Medical records for all the treatments taken in the past. (Admission notes, History/Progress sheet, Discharge/ Death summary, Test reports, etc.)
Life Assureds' PAN details	**ACCIDENTAL DEATH**
Cancelled cheque , Cremation/Burial Slip , Employee certificate in case Life Assured was Salaried	Copy of First Information Report (FIR), Panchnama /Inquest report, Post-mortem report (PMR), Driving licence, Police Final Report, Viscera report, if applicable, News paper cutting (s), if any, Others as applicable
Claimant's passport size photograph	

Disclaimer: HDFC Life Insurance Company reserves the right to ask for more information/ documents, if required.

SIGN HERE

Claimant Signature

SECTION A*

POLICY DETAILS

Policy Number(s): , ,

Claim form filling Assisted by: HDFC Life Employee Policy Agent Relatives NA

If the option HDFC Life Employee or Relatives selected above, details

Relatives /Employee Name : Mr. Ms. FIRST LAST

Contact: MOBILE

Please affix recent passport size photo of the Claimant

DETAILS OF CLAIMANT

Claimant Name: Mr. Ms. FIRST LAST

Date of Birth: DDMMYYYY

Address: FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

LANDMARK

CITY/VILLAGE

DISTRICT STATE

Pincode:

Contact No.: OFFICE RESIDENCY MOBILE

Office &/or Personal Email ID:

Occupation details: Service Business Self Employed House wife Others

Monthly income (INR): Up to 20,000 20,001-50,000 50,001-1,00,000 >1,00,000

Relation with the Life Assured: Spouse Children Parents Others SPECIFY

Claimant's Title: Nominee Executor Trustee Appointee Employer Assignee Beneficiary

Claimant's PAN: Or Form 60

Is the Claimant a Politically Exposed Person (PEP)? Yes No "PEP: Persons who are members of senior management in a state owned enterprise, Political party or an international organisation. i.e. directors, deputy directors and members of the board or equivalent functions"

Preferred mode of Communication: Email Physical Letters (if email is selected, no physical letters will be sent)

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details.

Bank Account No. :

Account Holder Name:

Bank Name & Branch:

Account Type Savings Current NRO NRE

#All premium(s) paid from NRE Account: ## Proportionate premium(s) paid from NRE Account:

IFSC^: ^11 Character code appearing on your cheque leaf

Note:

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with HDFC Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

#Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

Declaration:

1. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/we would not hold HDFC Life Insurance Company Limited ("HDFC Life") or any of its associates/agents responsible. Further, I/we agree to keep HDFC Life indemnified against any loss caused to them due to any incorrect information provided above.
2. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my/our account at any time due to any reason.

Date : DDMMYYYY

Place:

SIGN HERE

Signature of Claimant

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. FIRST LAST

Father's Name: FIRST LAST

LA's PAN

Date of death: DDMMYY Age at death: YYMM Time of death: HH:MM:SS

Place of death: Location: ☐ Hospital ☐ work place ☐ Home ☐ Others SPECIFY

Place of death address FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

CITY/VILLAGE

DISTRICT STATE

Pincode:

If death outside India, body transfer permission/ Certification from Consulate : ☐ Available ☐ Not available

If Not Available,Why?

Whether burial or cremation certificate enclosed/attached accordingly? : ☐ Yes ☐ No

If Not Available,Why?

Place of burial/crematorium address FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

CITY/VILLAGE

DISTRICT STATE

Pincode:

Nature of death: ☐ Medical ☐ Accident ☐ Murder ☐ Suicide

Immediate cause of death:

Circumstances surrounding death:

Name and contact details of relative present at time of death/cremation/burial:

1st Name: FIRST LAST

Contact details: OFFICE MOBILE

2nd Name: FIRST LAST

Contact details: OFFICE MOBILE

EMPLOYMENT DETAILS OF LIFE ASSURED

Occupation details: ☐ Service ☐ Business ☐ Self-Employed ☐ House wife ☐ Others: SPECIFY

Monthly income (INR) ☐ Up to 20,000 ☐ 20,001-50,000 ☐ 50,001-1,00,000 ☐ >1,00,000

Name of Employer:

Work place/employment/business address FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

LANDMARK

CITY/VILLAGE

DISTRICT STATE

Pincode:

Last working location/ employment/business:

Contact details of the Employer: NAME MOBILE

Last Working day: DDMMYYYY

SIGN HERE

Claimant Signature

SECTION C

HOSPITALISATION DETAILS OF LIFE ASSURED

Was the life assured diagnosed/suffering from/treated for the following illness? ☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease ☐ Kidney disease ☐ Cancer ☐ Others SPECIFY

Date on which disease/illness First diagnosed DDMMYYYY

Have any of your immediate family members suffered from the similar illness? ☐ Yes ☐ No If yes, provide details when it was initially diagnosed:

Details of treatment received including dates of outpatient or inpatient

Type of admission: ☐ Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ NA

Treatment given, if no surgery:

Hospitalisation due to injury: ☐ Yes ☐ No

If yes, give cause: ☐ Self-Inflicted ☐ Road Traffic Accident ☐ Substance Abuse

Status at the time of discharge: ☐ Discharged to Home ☐ Discharged to Another Hospital ☐ Deceased

Medical cause of death certificate: ☐ Available ☐ Not available Please enclose/attach. If not available, state the reason.

MEDICAL CONSULTATION HISTORY OF LIFE ASSURED (For the last 5 years from policy Risk Commencement Date)

For more than one doctor consulted during the last 5 years from policy RCD, please attach a separate page mentioning all the details.

Name of Doctor: FIRST LAST

Address of Hospital: FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

DISTRICT STATE Pincode:

Contact Details of Doctor:

Dates of Consultation: DDMMYYYY

Reasons of Consultation:

DOCTOR DETAILS

Doctor who attended the last illness: FIRST LAST

Address of Hospital: FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

DISTRICT STATE Pincode:

Contact Details of Doctor: OFFICE MOBILE

Family doctor: FIRST LAST

Address of Hospital: FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

DISTRICT STATE Pincode:

Contact Details of Doctor: OFFICE MOBILE

Doctor who declared death: FIRST LAST

Address of Hospital: FIRST LAST FLAT NO.

BUILDING ROADNAME/NO.

DISTRICT STATE Pincode:

Contact Details of Doctor: OFFICE MOBILE

SIGN HERE

Claimant Signature

LIFESTYLE DETAILS

Did the Life Assured have the habit of drinking, smoking and/or chewing tobacco? ☐ Yes ☐ No If Yes, please provide details.

☐ Beer ☐ Whiskey ☐ Wine ☐ Others: S P E C I F Y ml/bottle per day

☐ Cigarettes ☐ Bidi ☐ Tobacco ☐ Gutka ☐ Others: S P E C I F Y No. of sticks or packets per day

If the Life Assured had drug habits: Name of drugs Number of years Dose usage

Other substance addictions, if any:

OTHER INSURANCE/ MEDICLAIM POLICY DETAILS OF LIFE ASSURED

Policy No.	Name Of The Insurance Company	Basic Sum Assured (SA)	Risk Commen-cement Date (RCD)	Claim Status Please tick the appropriate boxes					
				Claim Applied	Claim Not Applied	Partial Claim Amount Received	Legal Appeal filed against the claim	Full Claim Amount Received	Claim Denied
			D D M M Y Y						
			D D M M Y Y						
			D D M M Y Y						
			D D M M Y Y						
			D D M M Y Y						

If claim not applied with other insurer, why?

SECTION D

In case of death due to Accident/Murder/Suicide

Address & contact details of police station where FIR/Case Diary is registered:

If not registered, state the reason:

Details of hospital where Post Mortem was conducted

Is the Post Mortem report enclosed/attached? ☐ Yes ☐ No If not attached, kindly state the reason

Details of how the incident happened? ☐ Rail ☐ Road ☐ Air ☐ Others S P E C I F Y

Details of parties involved & location of the accident

Date : D D M M Y Y Y Y Place:

SIGN HERE

Claimant Signature

SECTION E*

DECLARATION AND AUTHORISATION

- I hereby declare all the details filled/ furnished above are true and correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement,suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to HDFC Life, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise HDFC Life to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service provider(s) for servicing insurance policy, underwriting risk, settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same.

Date : D D M M Y Y Y Y Place:

SIGN HERE

CLAIMANT HAS AFFIXED HIS/HER THUMB IMPRESSION/HAS SIGNED IN VERNACULAR / HAS NOT FILLED THE APPLICATION

I hereby declare that I have explained the contents of this application form to the Claimant in language and have truthfully recorded the answers provided to me. I further declare that the Claimant has signed/affixed his/her thumb impression in my presence.

Third Party Name :

Address :

Contact Details:

Date : D D M M Y Y Y Y Place:

SIGN HERE

Third Party Signature

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy-Individual Death Claim Form

Policy No.		Claimant Name	
Branch Name / Interaction ID		Claimant Client ID	
Employee Name		Date	D D M M Y Y Y Y
Employee Sign		Employee Code	
			Branch Stamp

List of valid Identity & Address Proofs (Please tick the document submitted)

Photo Identify Proof (any one)	Address proof (any one)
☐ PAN Card ☐ Valid Passport ☐ Voter ID Card	☐ Valid Passport
☐ Aadhar Card* ☐ Valid Driving License	☐ Voter ID Card
☐ Bank Passbook with stamped photograph (not more than 6 months old)	☐ Aadhar Card*
☐ ID Card Issued by Central/State Govt. to employees	☐ Valid Driving License
☐ Any other Central/State Govt. issued ID	☐ Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhaar Card to conduct identity check towards KYC compliance by HDFC Life.